

Indiana

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State CARE Act Program Profile

CARE Act Funding History Since 1996

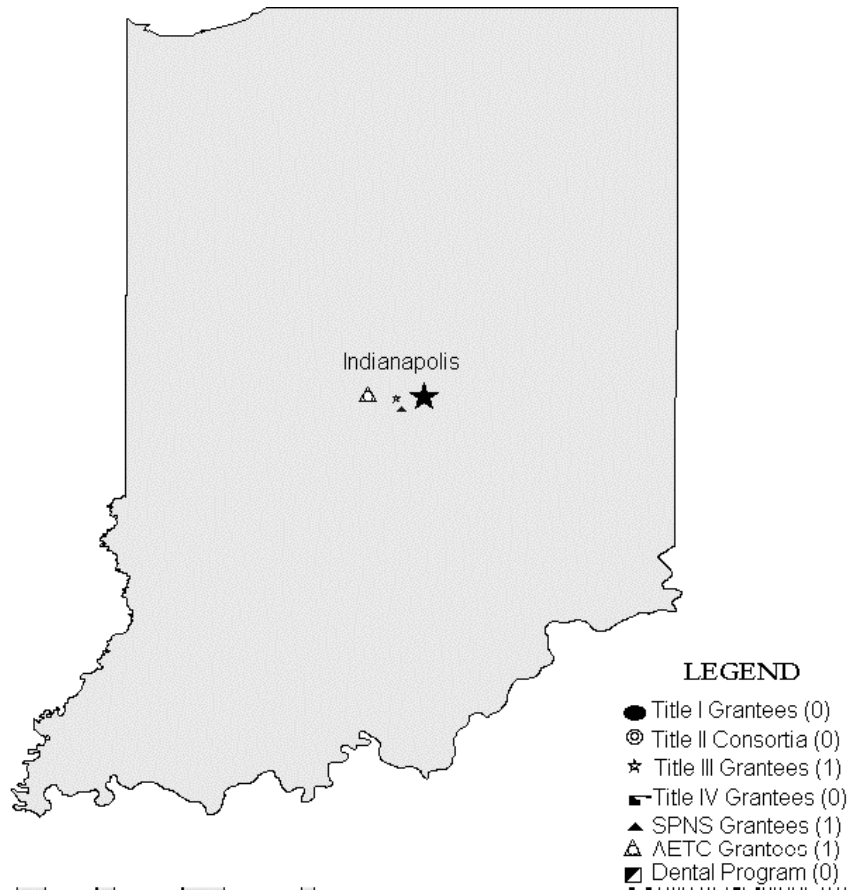
Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$2,762,555	\$4,301,051	\$5,362,040	\$12,425,646
ADAP	(\$402,818)	(\$1,372,162)	(\$2,377,420)	(\$4,152,400)
Title III	\$483,807	\$533,807	\$506,032	\$1,523,646
Title IV	\$0	\$0	\$0	\$0
SPNS	\$270,396	\$294,802	\$282,127	\$847,325
AETC	\$100,000	\$68,875	\$95,000	\$263,875
Dental	\$0	\$0	\$0	\$0
Total	\$3,616,758	\$5,198,535	\$6,245,199	\$15,060,492

(in addition to Title II

and ADAP grants)

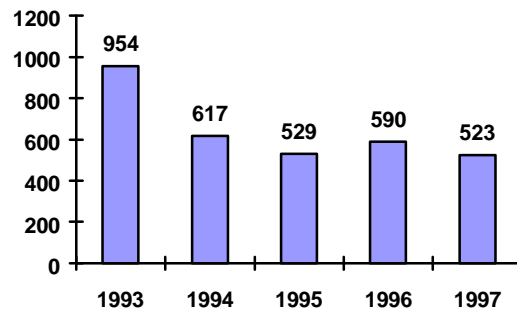
	1996	1997	1998
Title I	0	0	0
Title III	2	2	1
Title IV	0	0	0
SPNS	1	1	1
AETC (grantee or subcontractor)	1	1	1
Dental	0	0	0

Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Indiana (Pop. 5,864,108)

- ▶ Persons reported to be living with AIDS through 1997: 2,121
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 2,961
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated July 1988)
- ▶ State AIDS Cases (cumulative) since 1993: 3,213 (1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	87%	78%
Women (13 years and up):	13%	22%

	State-Specific Data	National Data
<13 years old :	0%	1%
13-19 years old :	1%	1%
20+ years old :	99%	98%

	State-Specific Data	National Data
White:	65%	33%
African American:	31%	45%
Hispanic:	3%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	0%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	51%	35%
Injecting drug user (IDU):	13%	24%
Men who have sex with men and inject drugs (MSM/IDU):	5%	4%
Heterosexual contact:	12%	13%
Other, unknown or not reported:	19%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	0%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	100%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	178.1	194.5
Gonorrhea (1996)	114.4	124.0
Syphilis (1996)	3.6	4.3
TB (1997)	2.9	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Emerging Needs:** The SCSN identified broad goals including: increasing access to medications, medical, dental, vision and psychosocial services and ensuring the availability of and access to these services for underserved populations.

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	73% FPL
Pregnant Women	150% FPL

*Income eligibility for State's ADAP program is 300% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	No
Quantity Limit:	No

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): Yes

Title II: Indiana

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$2,762,555	\$4,301,051	\$5,362,040	\$12,425,646
ADAP (included in Title II grant)	(\$402,818)	(\$1,372,162)	(\$2,377,420)	(\$4,152,400)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$3,177,420/59%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$800,000)
ADAP/Treatments	(\$2,377,420)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$1,526,681/28%
Health Care*	(\$620,690)
ADAP/Treatment	(\$0)
Case Management	(\$265,580)
Support Services**	(\$640,411)
Administration, Planning and Evaluation (Total State/Consortia)	\$657,939/12%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Accomplishments

Clients Served (duplicated count), FY 1996:	2,740
Men:	70%
Women:	12%
Other, unknown or not reported:	19%

<13 years old:	0%
13-19 years old:	2%
20+ years old:	74%
Other, unknown or not reported:	23%

White:	56%
African American:	20%
Hispanic:	5%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	19%

Men who have sex with men (MSM):	65%
Injecting drug user (IDU):	7%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Heterosexual contact:	11%
Other, unknown or not reported:	17%

► Improved Patient Access

- The number of people accessing medications through ADAP has grown from 386 enrolled clients in 1996 to 606 as of July 1998, a 57% increase. Monthly utilization has also increased, growing from 251 in 1997 to more than 350 by July 1998.
- During 1997, the grantee expanded the ADAP formulary to include all protease inhibitors and antiretroviral drugs.
- The total aggregate number of people receiving primary health care and support services through Title II has increased from 2,320 in 1995 to 3,577 (not unduplicated) in 1997, an increase of 54%.
- The number of Title II medical care visits provided increased from 265 visits in 1995 to 1,922 visits in 1997, a more than six-fold increase. Dental services visits increased by 128% for the same period, from 77 dental visits in 1995 to 242 visits in 1997.

- To expand access to primary health care and support services for Hispanic populations living in northwest Indiana, the grantee opened a full-time project office with bilingual staff in 1997 in East Chicago, Indiana.

▶ **Cost Savings**

- The ADAP has negotiated voluntary manufacturers' rebates from pharmaceutical companies, who also provide access to protease inhibitors to consumers with incomes above the eligibility criteria and who meet guidelines for the manufacturers' patient assistance programs.

▶ **Other Accomplishments**

- HIV/AIDS medication and treatment guideline updates and training were conducted at the quarterly consortia case managers and providers training sessions.
- In 1997, the state began requiring information on client CD4 counts and viral load testing semi-annually from Title II-funded providers, and developed a formal survey to assess client satisfaction.
- The Division of HIV/STD makes changes in ADAP eligibility requirements, procedural guidelines, or the formulary, based on recommendations and advice from the Indiana Comprehensive AIDS Services Planning Council (ICASPC), the Medical Advisory Board, the Statewide Consumer Advisory Board, providers, and interested consumers. ICASPC membership requirements were approved in 1997, and the council consists of 35 members, with the expectation that at least 25% of the membership are consumers. Additional representation includes AIDS service organizations, State and Federal agencies, community representatives, and health and human service providers. Meetings are held quarterly.

AIDS Drug Assistance Program (ADAP): Indiana

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$1,703,734	\$2,173,162	\$2,490,284	\$6,367,180
State Funds	\$75,000	\$442,000	\$1,377,250	\$1,894,250
Total	\$1,778,734	\$2,615,162	\$3,867,534	\$8,261,430

Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 23 drugs, 5 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: The AIDS Comprehensive Services Planning Council has as a goal that at least 25% of the membership are consumers. The Planning Council, the Medical Advisory Board and the Statewide Consumer Advisory Board, providers, and consumers advise the ADAP program.
- ▶ Enrollment cap: 606
- ▶ Waiting list as of 10/98: 7
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	606
Number using ADAP each month:	350
Percent of clients on protease inhibitors:	70%
Percent of active clients below 200% FPL:	80%

Client Profile, FY 1996

Men:	88%
Women:	12%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	88%
Other, unknown or not reported:	12%

White:	79%
African American:	19%
Hispanic:	2%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Title III: Indiana

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	2	2	1	
Total Title III funding in State	\$483,807	\$533,807	\$506,032	\$1,523,646

Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 1 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 8,098
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 643
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 88
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
 - ▶ under 200: 26%
 - ▶ from 200 to 499: 40%
 - ▶ above 500: 31%
 - ▶ unknown: 3%

Accomplishments

Clients served (primary care only), 1996:	643
Men:	90%
Women:	10%
<13 years old:	0%
13-19 years old:	1%
20+ years old:	99%

White:	65%
African American:	34%
Hispanic:	2%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
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Men who have sex with men (MSM):	55%
Injecting drug user (IDU):	23%
Men who have sex with men and inject drugs (MSM/IDU):	6%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	10%
Receipt of blood transfusion, blood components, or tissue:	0%
Other, unknown or not reported:	6%

► **Improved Patient Access**

- The Marion County Health Department provides a countywide coordinated system of HIV care through nine agencies that target the underserved populations in Indiana. Two sites also serve as satellite sites for clinical research.
- Due to the number of network agencies affiliated with the Marion County Health Department, HIV-related services are available within 20 minutes from any point in Marion County. As of July 1997, the grantee provided services to more than 688 HIV-infected clients; 95% of these clients were uninsured.
- In 1997, 87% of all clients served were seen in their own catchment area.
- In FY 1997, the Injection Drug User Outreach Project provided counseling and testing to 1,080 persons identified as injection drug users or their significant others. Ninety-five percent of those tested reported drug use in their health history.

► **Cost Savings**

- Through an agreement with the AIDS Clinical Trials Unit (ACTU), the costs for CD4 counts obtained during the post-test counseling session at the Bell Flower Clinic are assumed by the ACTU and not incurred as expense to the Title III program.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Health and Hospital Corporation of Marion County	Indianapolis	Marion County	Health Department

Planning Grants

1997 - We Care Health Services - Evansville

1996 - AIDS Task Force Southeast Central Indiana - Richmond

Special Programs of National Significance (SPNS): Indiana

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	1	1	1	
Total SPNS Funding in State	\$270,396	\$294,802	\$282,127	\$847,325

Project Descriptions

► Indiana Department of Health

Location: Indianapolis

Project period: 12/93 - 11/98

Population Served: High-risk gay, lesbian and bisexual youth

Description of Services: The IYAP project is a statewide, peer-based service model providing improved access to HIV health and support services for traditionally underserved gay, lesbian, bisexual and transgender youth under the age of 21. Many clients are also homeless and have substance abuse issues. IYAP offers a wide range of services tailored to the target population including education and prevention programs, an expanded risk-harm reduction counseling program, a risk assessment and health evaluation program that includes HIV prevention counseling and testing, and street outreach based on a peer-counseling model. In addition to direct services, the program develops linkages with an extensive network of providers for this at-risk population to expand case management and referral options.

Project Highlights

- IYAP has collaborated with three other state programs to assess the status of HIV/AIDS health care and to work toward improved delivery of health care and social services for high-risk, hard-to-reach street youth.
- The project has identified new networking resources and formed agreements with service agencies, expanding case management and referral services for young clients.
- IYAP has provided comprehensive training to peer educators to develop accessible, youth-sensitive education programs, outreach, counseling, and support.
- More than 1,200 at-risk youth were served by the IYAP programs: 8% African American, and 86% White. Approximately 77% self-identified as gay, lesbian, or bisexual. Just over 1% of clients were homeless, 3% were runaways, and 2% were involved in the criminal justice system.

AIDS Education and Training Centers: Indiana

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Midwest AETC
- ▶ States Served: Illinois, Indiana, Iowa, Minnesota, Missouri, Wisconsin
- ▶ Primary Grantee: University of Illinois at Chicago, Chicago, Illinois
- ▶ Subcontractors in State: AIDService Indiana, Inc. - Indianapolis

Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$100,000	\$68,875	\$95,000	\$263,875

Training Highlights from FY 1997

- The AETC's training activities include addressing factors that affect adherence to antiretroviral treatment, interventions to assist adherence and measures of adherence. For example, the AETC collaborated with the Hektoen Institute/Cook County Hospital Primary Care Center to develop a range of curriculum, practice tools and resources to address adherence. The AETC also played a leading role in a national adherence teleconference in November 1998.
- The Midwest AETC has begun to address the HIV care needs of incarcerated populations and conducted a number of training initiatives targeting prison health care providers. One such effort was the "HIV in Corrections...And Back to the Community" conference designed and sponsored by the Western and Eastern Missouri Performance sites with help from the Kansas AETC. The program was offered to medical providers serving prison populations and was attended by both medical providers and prison officials.
- To help providers improve the management of clients co-infected with TB and HIV, the AETC has collaborated with the Chicago Department of Health in designing an ongoing cross-training series for STD/HIV and TB clinic and community outreach staff. Among the outcomes of these trainings have been the development of a standard confidentiality policy for both STD/HIV and TB clinics, and training for TB clinical staff on HIV counseling and testing.

- The Indiana performance site, in collaboration with the Indiana State Department of Health, produced a videotape in response to an emergency rule passed by the Indiana State Legislature. The rule, which requires all prenatal health care providers to counsel pregnant women on HIV testing, went into effect in July 1998. The video is designed to assist healthcare providers to provide consistent, accurate information to patients and comply with the rule.
- The AETC has developed a dissemination process that uses various activities to communicate the most up-to-date information about PHS treatment guidelines and HIV clinical management. Key information is distributed to practitioners by fax. With each fax transmission there is a summary of key information (four pages or less), information on resources for more extensive information, training and support, federal notices (if applicable). The AETC has also developed a grand-rounds curriculum on PHS treatment guidelines. The curriculum has been offered at area hospitals and through local provider organizations. Information about PHS guidelines is included in the AETC's ongoing programs as well.
- In an effort to ensure that HIV services are delivered in a consistent manner, the AETC has served on the Title I program evaluation and quality assurance initiative for services in the Chicago Metropolitan area. Consumers and providers of Title I services have, with the AETC's direction, worked to define, measure and improve service quality using a peer review site-visit model. The AETC offers training to consumers and providers on conducting site visits and is developing study designs to measure Title I service outcomes.